

**APPLICATION FORM  
COMMERCIAL USE AUTHORIZATION**

**U.S. DEPARTMENT OF THE INTERIOR**  
**National Park Service**  
**Jean Lafitte National Historical Park and Preserve**  
**Attention: Mary Lambert, Permit Coordinator**  
**419 Decatur Street**  
**New Orleans, LA 70130-1035**  
**504-589-3882, x108/ Fax 504-589-3864**

**For which year is the Commercial Use Authorization (CUA) being requested?** \_\_\_\_\_  
*Please type or print in ink. Answer all questions completely or mark "N/A" if not applicable*

**Narrative: Please describe in detail your proposal:**

**(1) Applicant (Legal Business Name)**

\_\_\_\_\_  
\_\_\_\_\_

**(2) What is your Business Type (Please check one below):**

**A.** ☐ Sole Proprietor

**B.** ☐ Corporation: (State: \_\_\_\_\_ Entity Number \_\_\_\_\_)

**C.** ☐ Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

**D.** ☐ Partnership/Association. *Print the names of each partner. If there are more than two partners, please attach a complete list of their names.*

( Name \_\_\_\_\_ )

( Name \_\_\_\_\_ )

**E.** ☐ Other (Specify) \_\_\_\_\_

**(3) Mailing Addresses Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Internet: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**(4) Employer's Identification Number:** \_\_\_\_\_

**(5) Provide the name(s) of the authorized agent(s) for this business.**

\_\_\_\_\_

- (6) (a) Are you employed with the National Park Service? ☐ Yes ☐ No.

If Yes, please complete below:

Title \_\_\_\_\_

Park / Office where employed \_\_\_\_\_

- (b) Do you have a spouse or minor children employed with the National Park Service?

☐ Yes ☐ No If Yes, please complete below:

Title \_\_\_\_\_

Park / Office where employed \_\_\_\_\_

- (7) Expiration date of Business License: \_\_\_\_\_ License Number: \_\_\_\_\_

- (8) Names of employees who will work under the authority of your CUA:

Names:	Titles or Position: (e.g. Guide, Pilot, Boat Operator, Driver, etc)

- (9) Currently or within the **past 5 years**, have you or any individual serving as an officer, principal, partner or employee with this business entity, **been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation?** ☐ Yes ☐ No.  
If "yes", please give a description of each violation. Attach additional sheets if necessary.

Date of Violation: \_\_\_\_\_

Was this a conviction? \_\_\_\_\_ Was Collateral forfeited? \_\_\_\_\_

Name of Business or person(s) \_\_\_\_\_

Place of Violation? \_\_\_\_\_

Court Name \_\_\_\_\_

Provide Details? \_\_\_\_\_

(Results) Action Taken by Court \_\_\_\_\_

- (10) \* Within the past 5 years, have any of your current or proposed employees been convicted of or forfeited collateral for any state, federal, or local law or regulation; OR are they now under charges for any violation of state, federal or local law or regulation?  
☐ Yes ☐ No.

If "yes", please give a description of each violation. Attach additional sheets if necessary.

(\*Employees identified below may be precluded from working for the operator)

Date of Violation: \_\_\_\_\_ Place of Violation: \_\_\_\_\_  
 Was this a conviction? \_\_\_\_\_ Was Collateral forfeited? \_\_\_\_\_  
 Name of Employees or Proposed Employees Involved \_\_\_\_\_  
 Place of Violation? \_\_\_\_\_  
 Court Name \_\_\_\_\_  
 Give Details? \_\_\_\_\_  
 Current Status \_\_\_\_\_

- (11) **Signature:** False, fictitious or fraudulent statements of representations made in this application may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All Information provided will be considered in reviewing this application. Authorized Agents must attach proof of authorization to sign below.

*By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

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Information provided will be used to determine whether an authorization will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$100.00 made payable to **National Park Service**. Application and administrative charges are non-refundable. *This completed application should be mailed to: Jean Lafitte National Historical Park and Preserve, 419 Decatur Street, New Orleans, LA 70130, Attention: Superintendent's Office.*

**Note** that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a Commercial Use Authorization containing applicable terms and conditions will be sent to the person designated on the application. The authorization must be signed by the responsible person and returned to the park for final approval by the Park Superintendent prior to conducting any activities in the park.

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**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.